DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OFFICE OF AUDITS 744 P STREET M .S 19-50 SACRAMENTO, CA 95814 (916) 324-4031

INSTRUCTIONS: Original to Licensee

Copy to Case File

RECEIPT FOR DELIVERY OF RECORDS (AUDITS)

FACILITY NAME		FACILITY LICEN	SE NUMBER	DATE	
FACILITY ADDRESS	CITY	STATE		ZIP CODE	
Receipt of those records (e.g., b	ooks of account, documents, and	d memoranda) des	cribed belov	w from	
				_ is hereby acknowledg	ьd
	5				
Document Name:				Number of Pages:	
Received for Department of So	ocial Sarvicas				
BY Department of Sc	TITLE				
The return of the above record	ds is hereby acknowledged.				
<u>.</u>	DATE				